

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Information Officer

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
Qualified GES	
At least 18 years of age	

The above listed member has completed the required prerequisite training for the information officer specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the information officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task C-3000 Demonstrate the ability to prepare an initial and follow-up news release	
Complete Task C-3001 Demonstrate the ability to maintain a complete media contact list	
Complete Task C-3002 Demonstrate the ability to coordinate visits of news media to mission sites	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Basic Communications User Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as an information officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an information officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the information officer specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE